

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Date

**REQUEST FOR CADASTRAL SURVEY**

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1. Cadastral Survey of the lines indicated by heavy line on reverse side are needed no later than (date)

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2. The survey is needed for the purpose of (describe and justify in detail, also please indicate which program area this will benefit)

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3. Benefit to your bureau or agency (Approximate dollar value of resources to be identified, trespass to be abated, or non-monetary benefit to program area, etc. )

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4. Topography and vegetative cover (Optional)

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5. Special needs/comments (posting required, rights-of-way to be tied to, etc.)

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6. Charge code or agency accounting code

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REQUESTED BY

Name	Title
Agency/District	Date
<input type="checkbox"/> Approved	<input type="checkbox"/> Request being held in abeyance

☐ Not possible to schedule in a reasonable period of time.

Name	Title
Location	Date

Township	Range	Meridian	State
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36	31	32	33	34	35	36	31
1	6	5	4	3	2	1	6
12	7	8	9	10	11	12	7
13	18	17	16	15	14	13	18
24	19	20	21	22	23	24	19
25	30	29	28	27	26	25	30
36	31	32	33	34	35	36	31
1	6	5	4	3	2	1	6

#### INSTRUCTIONS

1. Indicate lines needed to be run in red pencil or ink.
2. Designate prominent land marks.
3. Indicate topography, vegetative covering by any distinctive legend.
4. Show status of adjacent lands thusly:



or yellow pencil for BLM



or blue pencil for other Federal lands



or green pencil for State



or brown pencil for private



or orange pencil for other

#### SYMBOLS



Official corner found



Corner found, authenticity doubtful



Corner searched for and not found